

these patients are usually socially stigmatised individuals who are better informed than their carers about the latest research into their condition. Veronica Moss gives a masterly overview, illustrating the need to balance the aggressive treatment of reversible conditions with appropriate supportive care.

There is a fine line between the offer of help and intrusion into patients' privacy, and some professional carers can be seen as officious and interfering – "I hid when the counsellor called because she wanted to talk about death all the time." Only the patient can say what is good quality life for him or her, and objective measures are difficult to quantify. But all of us should nowadays be aware of the repertoire of help available to patients and their carers, and even if we ourselves do not hold all the answers, we should at least "know a person who does." I recommend this book highly.

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A Review of Economic Policy Analysis. A Rights Based Approach. Henry Neuberger, Neil Fraser (pp 207; £35). Aldershot: Avebury Publishing, 1994. ISBN 1-85628-505-7.

Published by Avebury Publishing, a monograph publishing service for academics wishing to stimulate debate in a particular area, this book sets out a method of analysis for policy development and decision making which challenges traditional approaches. For health care this book provides exciting and stimulating thinking and will make a useful contribution to policy analysis in the most challenging area facing the health service of the 1990s – that is, comparative evaluation of alternative interventions in health care as a basis for understanding how to ration resources available for health.

The method proposed, democratic decision analysis, is a form of cost effectiveness analysis with politically determined objectives. The authors argue that the values underpinning policy decisions should be politically determined. They propose a hierarchy of basic functionings to guide judgements. The key to their approach is the recognition of basic rights and dignities, such as the rights to life, to freedom from pain, to citizenship, etc. They offer, through an elaborate number of examples and scenarios, possible systems for valuations with weightings placed on these basic rights and dignities in the pursuit of practical government or local deposition of public sector funding. As such their approach is a refreshing alternative to the current trend – possibly stimulated by a lack of political leadership in health policy analysis – for local consultation on questions of rationing health services. Despite democracy, the notion of expending vast resources asking people with limited information on health outcomes to place in rank order their preferences for deployment of healthcare resources defies belief as a way of policy development. Yet this seems to be the intended approach of the government's

programme of "local voices"; devolved decision making may take us back to the poor law but is unlikely to enhance democracy or equity in health.

The appendix to this book – the use of cost effectiveness analysis in health – sets out a sensible and practical approach to providing the technical information needed for policy makers to address fully the political judgements involved in deciding how best to spend a healthcare budget – to avoid wasted resources and provide an equitable provision of health care according to need. This appendix provides a means of combining epidemiologically assessed need with the marginal analysis of cost effectiveness analysis and the insight of clinicians into the needs of individual patients. The approach is a brave attempt to harmonise the apparent conflict of the economic and medical models for resource allocation in health care. The work behind this section, started when one of the authors was working at the Department of Health, has remained unpublished and as yet undeveloped by academics or others within the NHS. Such a serious omission probably results from a lack of courage by the authorities rather than the lack of potential for the approach.

Ideally, this book should have two effects: firstly, to stimulate debate about the sort of information needed by technicians of analysis – and the general public – to undertake a rational basis for allocation of healthcare resources and, secondly, to set out a research agenda to provide the information needed and to test the implications of policy arising from democratic decision analysis and its progenitors.

Sadly, such an arcane and erudite text with its overbearing metaphor and compact, though rather chaotic, references may have the effect of stimulating yet more of the war within the economic academic community between supporters of and detractors from the utility based cost benefit analysis. If this were to be the case, the publisher would no doubt feel it had achieved its aim – the book, however, would not. To achieve their aim the authors must be encouraged to present their ideas with worked examples in a form accessible to the people they seek to influence. Having failed to influence government economists, they should try the lay and specialist health press – better edited and properly referenced papers will service us better than this clever but difficult book.

ALISON FRATER
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Medical Statistics on Personal Computers. RA Brown, J Swanson Beck (pp 147; £10.95). London: BMJ Publishing Group, 1994. ISBN 0-7279-0771-9.

In this short and user friendly guide to statistical analysis the authors' stated aim is to provide a tool to promote the rational use of the currently available powerful statistical packages that can be used on modern personal computers, and in this it succeeds. The array of possible statistical analyses these programmes can offer is enormous, and it is good to see a small,

well written book than can cut through the complexities of modern statistics to support those of use who believe that the most important parts of analysis are common sense and inspection of the raw data.

However, the book's title might seem misleading. After the first chapter, in which different commercially available packages are discussed, the book develops as a standard statistical textbook. Only two packages are looked at in any detail in the subsequent text: Minitab and Statgraphics. In this sense the book falls between two stools, but it would be unrealistic to expect a more detailed examination of statistical packages. Such a book would be rapidly redundant, as manuals (albeit often rather incomprehensible) are available, and soon outdated as new programs and computers were introduced. However, program manuals do not as a rule give anything but rudimentary statistical guidance whereas this book does.

The initial chapters develop themes around handling and summarising data, and subsequently confidence intervals and tests of significance are explained. The analysis of normally and non-normally distributed data is included. Clinical applications in terms of diagnostic tests and survival data appear later in the book, followed by guidance on writing up statistical analysis (starting with the useful advice to consider how the data will be processed before embarking on their collection). The final chapter provides a brief summary of currently available packages.

Similar books may be available, but *Medical Statistics on Personal Computers* is small and compact and gives a good introduction to statistical methods in clinical medicine and covers most areas that clinicians will need. Although it could not replace a software manual when data are to be analysed with a personal computer, used in conjunction with one, the book will provide statistical perspective and allow sensible use of statistical methods.

H DAVIES
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The Audit Handbook: Improving Health Care through Clinical Audit. IK Crombie, HTO Davies, SCS Abraham, C du V Florey (pp 225; £22.50) Chichester: Wiley, 1993. ISBN 0-471-93766-5.

The Audit Handbook, a small but compellingly readable hardback, contains much wisdom and deserves to be re-read several times. It begins by citing two striking historical examples of the power of audit. The first concern is the Crimean war in 1815. Florence Nightingale noted mortality among the British was much higher than among the French, whose clinical facilities were better. At that time 3168 soldiers died in one month, 2761 of them from infections and only 83 directly from wounds. She reorganised facilities and practices and in six months had reduced inpatient mortality from 40% to 2%. One century later surgeons in the United States, appreciating wide discrepancies in the distributions of

facilities and mortality from one part of the United States to another, recognised that many facilities were substandard, set up the American College of Surgeons, and began to hone the vital coercive tool of professional accreditation as a means of raising the delivery of health care. Only a little later in the book the authors describe the initiative of the Royal College of Radiologists in appreciating the wide diversity of use of preoperative chest radiographs and their failure to influence decisions to operate, leading to the important and economically attractive conclusion that such films were necessary in no more than 11.5% of routine cases.

The book is also a treasure chest of highly quotable thoughts, many of them the authors' own – for example, "The most cost effective approach to audit is to collect limited data on a small but sufficient group of patients" – and the confessions of a remarkable scientist (Humphrey Davey), "I thank God I was not a dextrous manipulator: the most important of my discoveries have been suggested to me by my failures" and of a not entirely unknown politician (Churchill), "You cannot take sides against arithmetic."

Attractive as these features are, the main merit of the book is its sane and structured exposition of the aims, processes, and successes of clinical audit as a tool for improving delivery of health care and its insistence that audit is not the mindless collection of data nor the counterproductive publication of comparisons of care or outcome nor yet resource management – but the slow, collaborative, and determined identification of shortcomings and the implementation of remedies. To quote the authors again: "The rationale for selecting a topic follows from the definition of audit: the problem to be audited should be capable of change and if successful the change should be worthwhile," and later, "If a few patients will benefit greatly or many patients will benefit to some extent, then the audit may be justified."

I commend this book without reserve. I read it with pleasure at a single sitting and then immediately ordered 15 copies to be distributed to each of my hospital's clinical directors, senior administrators, and all of its clinical audit staff. None have complained. In a few months' time there will be an audit to see whether they have read it.

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A Reflection on Reality. An Action Research Report on Audit in Public Health Departments. Ruth Jacobs, John Gabbay (pp 24; £5). London: Faculty of Public Health Medicine, 1994. ISBN 0-95-22246-31.

Public health has a major role in establishing and developing clinical audit in the NHS. As a discrete specialty it is imperative that public health leads by example and carries out meaningful audit on its own activities. This report presents the results of research into how audit in public health has been implemented. The fact that the project was commissioned by the Faculty of Public Health Medicine

and funded by the Department of Health shows its perceived importance both to the specialty and to the wider health service.

Telephone interviews were held with more than eighty public health departments in the last third of 1991. A detailed study of seven carefully selected departments was made with fieldwork conducted between March 1992 and January 1993. Substantial changes in the role of public health have occurred both during and after the research dates, which may affect some of the findings; as such the report is potentially "out of date."

Nevertheless, the report does contain constructive comments for advancing audit within public health medicine. Interesting insights are given into how departmental culture shapes the audit which is carried out. A broad brush picture of how, when, and who participates – or perhaps should participate – is painted. Types of audit are described. Separate short sections cover the benefits and difficulties with audit. Interestingly, the page space devoted to difficulties exceeds that devoted to benefits. This perhaps indicates the difficulty in applying formal clinical audit methodology to the practice of public health medicine.

The report's conclusions suggest that to date the practice of audit within public health – if these results are representative – shows little evidence of producing tangible benefits, remains largely an "add on" activity rather than an integral part of routine practice, and requires alternative methodology to be applied other than that suited to the practice of clinical medicine.

The report is short, readable, and should be read as background material for those in public health wishing to advance audit within their specialty.

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Nursing Theories and Quality of Care. P Hugh McKenna (Pp 264; £35.00) Aldershot: Avebury Publishing, 1994. ISBN 1-85628-670-3.

Despite more than a decade of theorists attempting to illustrate the value of nursing models there is little research evidence to demonstrate the contribution of these models to patient care. However, most have accepted nursing models uncritically. The first in a series of developments in nursing and health care, this expensive book offers up to date reports of recently completed research projects in quality of care. The first part is the selection of a nursing model for long stay psychiatric care and the second the evaluation of the effects of the selected model on quality of care. As it is an original piece of work on this side of the Atlantic this is therefore one of the book's major strengths. An extensive review of the theory related to nursing models and non-nursing models provides an invaluable resource for those who are being asked to deliver curriculum in relation to nursing models, and it also provides discussion which it is easy to relate to. Although the book will be of particular interest to psychiatric nurses, the review and methodology sections will

be useful to undergraduate nurses and nurses with a particular interest in nursing models. The second part is of particular interest as it evaluates the selected human needs model effect on specified quality of care concepts. It is divided into structure, process, and outcome and uses different measures: the ward atmospheric scale, psychiatric ward monitor, patient satisfaction, nurse satisfaction, and patient dependency. Owing to the variety of measures used, the book is broad in its evaluation.

The research would have benefited from being repeated in different healthcare settings as it would help nurses in evaluating the use of nursing models and their contribution to the quality of care. Because the methodology is so explicit replication is possible.

There are enlightening methodological sections which review several research approaches – for example, of particular interest is the good overview of the Delphi technique, which will be of use to research students. Overall, the discussion of the findings is helpful with excellent use of quotes from the respondents, enhancing a section which could otherwise be complex. The many figures and tables are user friendly and easily referenced, summarising points developed in the text.

The comprehensive nature of this book, its relevance to practice, and its relation to measuring quality of care, make it extremely valuable to nurses.

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Audit in Obstetrics and Gynaecology. Ed Michael Maresh (pp 274; £37.50) Oxford: Blackwell Scientific Publications, 1994. ISBN 0-632-03352-5. (Available from Marston Book Services.)

Audit has a long tradition in British obstetrics and gynaecology through the Confidential Enquiries into Maternal Deaths first published in 1957. The most recent report, however, shows that maternal deaths due to haemorrhage have doubled, with substandard care in half these cases being reported, despite the publication of guidelines on managing massive haemorrhage in the previous report. As Michael Maresh points out in his introduction to *Audit in Obstetrics and Gynaecology*, this illustrates the need not only to monitor standards but also to ensure that recommendations are followed.

The first section of the book emphasises the importance of conducting audit systematically and introduces the role of audit in topics such as risk management. It distinguishes audit from research, "Research is the scientific study to determine what constitutes good care and what should be done – that is, standards of care. Audit is the scientific study of whether the standards are being met." For example, research would define which antibiotic should be used prophylactically for surgery; audit would determine whether it was used. Alison Macfarlane provides a comprehensive overview of the sources of data on pregnancy, delivery, and newborn in Britain. She shows how routinely collected data are relevant to